



RI Homeless Prevention and Rapid Re-Housing Partnership

Applicant(s): _____ Date: _____

Address: _____

Certification of Applicant(s)

Please read this statement very carefully. By signing, you are agreeing to its terms:

- Any misrepresentation or false information may result in my application being cancelled or denied, or in termination of assistance;
- It is my responsibility to notify _____ of any changes in my housing/financial status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so;
- My participation in the Homelessness Prevention and Rapid Re-Housing program is subject to my being eligible and in compliance with HUD and state/local regulations;
- Any unit that I occupy which receives financial assistance must have a lease and be in compliance with local building codes and will be subject to inspection. Additionally, units must be in compliance with RI State Lead Law, meaning that any unit built before 1978 must have a current Lead Certificate of Conformance, Lead Safe Certificate, or Lead Free Certificate.
- If enrolled in the program I will participate in Case Management and Financial Counseling, following the goals and actions outlined in my Housing Stabilization Plan.

I hereby certify that the information I have provided in this application is true and accurate.

Signature of Adult Applicant(s):

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____